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APPLICANTS
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**** CONTINUING DATA *******
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**** FOREIGN APPLICATIONS *******
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Verified and Acknowledged	/JENNIFER MYONG M KIM/ Examiner's Signature	Initials	NETHERLANDS	0	20	6

ADDRESS
 ORGANON USA, INC.
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TITLE
 Asenapine for the treatment of schizophrenia in a patient with overweight or predisposition for overweight

FILING FEE RECEIVED 1630	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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